



SCHOOL OF DENTISTRY
Oral Pathology Laboratory

New Practice Registration Form

Today's Date: _____

Contact Information

Practice Name: _____

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Business Phone: _____ Business Fax: _____

Business Email: _____

Business Website/URL: _____

Contributor Name(s) – Doctors who will be collecting/submitting biopsies.

Full Name: _____ License #: _____ Provider NPI: _____

Full Name: _____ License #: _____ Provider NPI: _____

Full Name: _____ License #: _____ Provider NPI: _____

Full Name: _____ License #: _____ Provider NPI: _____

Full Name: _____ License #: _____ Provider NPI: _____

Instructions:

Please return this completed form by e-mail to oralpath@umn.edu or fax this completed form to 612-626-3076. If your business has multiple locations please send an additional list of all practice locations and contact information with this sheet. Once registered, an e-mail will be sent to the provided email address with a list of usernames and instructions for accessing our website and submitting a biopsy. Three biopsy collection kits will be mailed to each location.

If you have any questions don't hesitate to call 612-626-6424.

Thank you!
The University of Minnesota Oral Pathology Laboratory

INTERNAL USE ONLY	
Date Registered:	_____
E-Mail Sent:	_____
Employee Initials:	_____